# ARIZONA STATE BOARD OF HEALTH
### BUREAU OF VITAL STATISTICS
### STANDARD CERTIFICATE OF BIRTH

State File No. _143_

Registered No. _810_

**1. PLACE OF BIRTH**

County _Gila_ State _Arizona_

District or Township _____ or Village _____

City _Miami_ No. _Miami Inspiration Hospital_ St., _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** _Johnie Ray Cook_

{ If child is not yet named, make supplemental report, as directed.

**3. Sex of Child** _male_

To be answered ONLY in event of plural births.

**4. Twin, triplet or other** _____

**5. No., in order of birth** _____

**6. Legitimate?** _yes_

**7. Date of birth** _July 14 1928_ Month Day Year

**S.** **FATHER**

**Full name** _Ray Earl Cook_

**14.** **MOTHER**

**Full maiden name** _Mattie Evelyn Scoggin_

**9. Residence** (Usual place of abode) _Miami, Arizona_

If non-resident, give place and state.

**15. Residence** (Usual place of abode) _Miami, Arizona_

If non-resident, give place and state.

**10. Color or race** _White_

**11. Age at last birthday** _32_ (Years)

**16. Color or race** _White_

**17. Age at last birthday** _16_ (Years)

**12. Birthplace** (city or place) _____

(State or country) _Texas_

**18. Birthplace** (city or place) _____

(State or country) _Texas_

**13. Occupation** _Welder (acetylene & electric)_

Nature of industry _Copper mining_

**19. Occupation** _Housewife_

Nature of industry

**20. Number of children of this mother** _1_

(Taken as of time of birth of child herein certified, and including this child).

{ (a) Born alive and now living _1_

(b) Born alive but now dead _0_

(c) Stillborn _0_

**21. Were precautions taken against ophthalmia neonatorum.** _yes_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _alive_ at _2:44_ _a_ m. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _J. W. Miller_ _m D_

(Physician or midwife).

Given name added from a supplemental report _____

Month, day, year

Address _Miami, Arizona_

Registrar.

Filed _July 19_, 19 _28_ _C. E. Irvin_

Registrar.

_132-714-435_